

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO.

10/552942

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		1					53						
4		2					54						
5		2					55						
6		2					56						
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45		2					95						
46		2					96						
47		2					97						
48		2					98						
49		2					99						
50		2					100						
TOTAL NO.		↓		↓		↓	TOTAL NO.		↓		↓		↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21						TOTAL CLAIMS						

PTO-436 (REV. 9-83)

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